

**STATE OF COLORADO**  
**Department of State**

1700 Broadway, Suite 270  
 Denver, CO 80290



**Gigi Dennis**  
 Secretary of State

**Patti Fredrick**  
 Director, Colorado HAVA

*Attn: Mildred Alsdorf*  
*County Clerk and Recorder*

**COUNTY: GARFIELD**

Pursuant to Section 1-7-514 C.R.S. and Election Rule 11, the following election devices have been selected for Random Audit for the 2005 Recall Election. Please follow the instructions in Rule 11 to determine the method for conducting the post-election audit. Additional help is available on our web site, or you can contact John Gardner at (303) 860-6971 for additional information.

The following table lists the EQUIPMENT that has been randomly selected for auditing:

Make/Model	Type	Ballot	Serial	Location/Used	Precinct Name to Audit	Machine Count	Manual/Hand Count	Carry-Over Based
650 OMR	Scanner	Absentee Central Count	1504-7124	Central Office	1-Recall Question - No	23	23	TBB [initials]
650 OMR	Scanner	Absentee Central Count	1504-7124	Central Office	1-Recall Question - Yes	77	77	TBB [initials]
650 OMR	Scanner	Absentee Central Count	1504-7124	Central Office	2-Candidate nominated for succession - Beeson	27	27	TBB [initials]
650 OMR	Scanner	Absentee Central Count	1504-7124	Central Office	2-Candidate nominated for succession - Write-in	50	50	TBB [initials]

**NOTE:** If the MACHINES selected were not used in the election, please contact JOHN GARDNER (303) 860-6971 as soon as possible.

Please complete the highlighted fields in the attached table and fax, or e-mail the form back to the Secretary of State at: [voting.systems@sos.state.co.us](mailto:voting.systems@sos.state.co.us). This form must be returned no later than: 5:00pm December 30, 2005.

For Auditor Use Only Printed Name of Auditor: _____ Printed Title of Auditor: _____ Printed Name of Election District: _____ Printed Name of Precinct: _____ Printed Name of County: _____ Printed Name of State: _____ Printed Name of City: _____ Printed Name of Zip: _____ Printed Name of Phone: _____ Printed Name of Fax: _____ Printed Name of E-mail: _____ Printed Name of Signature: _____ Printed Name of Date: _____		For Secretary of State Use Only Printed Name of Secretary of State: _____ Printed Title of Secretary of State: _____ Printed Name of Election District: _____ Printed Name of Precinct: _____ Printed Name of County: _____ Printed Name of State: _____ Printed Name of City: _____ Printed Name of Zip: _____ Printed Name of Phone: _____ Printed Name of Fax: _____ Printed Name of E-mail: _____ Printed Name of Signature: _____ Printed Name of Date: _____	
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